



SUPPORT SERVICE REQUEST (SSR)

Emergency Assistance? Yes No

Received Date: _____ by: _____
 Received Case Note _____
 Logged TAS **CIF #** _____
 CM Authorized Case Note _____
 Denied Case Note _____
 Action NOA Case Note _____

This section to be completed by participant

First Name M.I. Last

Address:

City State Zip Code

Phone # (____) - ____ - _____ CIF #

Met with my Case Manager for this need.

This is in my Family Self-sufficiency Plan (FSP).

This will strengthen which goal?

Employment Career Development
 Education Wellness & Prevention

Turned in Receipts for my last supportive service payments on time. **(Outstanding overpayments due to missing receipts may result in vendor payments only.)**

Looked for **other available resources** with my Case Manager before submitting this request.

Current Household budgets attached.

SUPPORT SERVICE – or – ACTIVITY REQUESTED:

What: _____

Why: _____

When: _____

For whom: _____ *On the grant?* Yes No

HOW MUCH WILL IT COST?

No.	Description of Item	Cost
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
<i>TOTAL COST</i>		\$

Vendor: _____

By signing this request, I understand: If this request is approved, I agree to repay the funds, or submit original sales receipts indicating the purchase of the authorized items to the Native TANF Program within 10 days of the date that I receive the funds. SSR's may not be approved if MER was not received, or eligibility undetermined for the SS payment month. Allow 30 days for processing.

X _____
Participant Signature Date:

X _____
Parent or Guardian Signature Date:

This section to be completed by TANF staff

Current MER complete, family eligible: Yes No

SS found in FSP Goal: _____ **Step:** _____

Current FSP was signed on: ____/____/____

HH Budgets reviewed & signed on: ____/____/____

All previous receipts received? Yes No

Total Over/Under payment balance \$ _____

Childcare for: 1-Parent, 2-Parents Working

WPH entered ___ Attendance Time Sheets match WP ___

Background check ___ Current State License ___ W-9 ___

Vehicle: Gas allowance*, Vehicle Repairs**

Current Auto in TAS - Driver License Exp. _____

Registration Exp. _____ - Insurance Exp. _____

Federal TANF Regulations

Necessary – Client does not have resources to complete a step. Income + (exhausted community resources) - activity cost = need.

Reasonable – Estimates received are comparable to other fair market prices for the same goods or services.

Allowable – The request is consistent with WNTF Policy and all TANF families are assessed for this need. Only members of AU will benefit from this service.

Accomplishes which TANF goal?

TANF - 1) [Child cared for in own home (or relatives home)], or

TANF - 2) [Ends dependence of a needy parent on gov. benefit], or

Other - 3) [Prevents out-of-wedlock pregnancy], or

Other - 4) [Promotes the formation of a two-parent family].

Case Manager: _____ Check EBT load CC Auth.

* License, insurance & registration must be in the clients' name.
 **For repairs: Title must be in client's name.